

- Action
 Discussion
 Information

SUBJECT: KING COUNTY MENTAL ILLNESS AND DRUG DEPENDENCY
(MIDD) ACTION PLAN AND OVERSIGHT GROUP

STAFF CONTACT: Emily Leslie, Parks & Community Services, 452-6452
Diane Carlson, City Manager's Office, 452-4225

POLICY ISSUE: The Mental Illness and Drug Dependency (MIDD) Action Plan details how King County will improve access to mental health, chemical dependency and therapeutic court services for people who are homeless or involved in the criminal justice system, through the levy of a one-tenth of one cent sales tax increase beginning in 2008. An Interim Oversight Group has been convened to develop Oversight, Implementation and Evaluation Plans before the funding of programs and services begins and the ongoing Oversight Committee is appointed and confirmed.

**DIRECTION
NEEDED
FROM COUNCIL:**

This report is for information only. Council may want to provide input on the implementation strategies as more information becomes available about the proposed expenditure proposals. In addition, while staff is currently representing the City on the Interim Oversight Group, the Council may want to consider designating a Councilmember to serve on the ongoing Oversight Group.

BACKGROUND

In 2005, the State legislature passed E2SSB 5763, authorizing counties to impose a one-tenth of one percent sales tax for new or expanded mental health and chemical dependency treatment services and for the operation of new or expanded therapeutic court programs. In October 2007, the Metropolitan King County Council voted to accept the Mental Illness and Drug Dependency (MIDD) Action Plan. In November 2007, the King County Council passed legislation authorizing the sales tax to fund the Action Plan and established a policy framework for measuring the effectiveness of the public's investment, requiring the King County Executive to submit oversight, implementation, and evaluation plans for the programs funded with the tax revenue.

For King County, the sales tax increase will yield approximately \$30 million in its first year and over \$50 million annually through 2016, when the sales tax levy is scheduled to end.

Mental Illness Drug Dependency (MIDD) Action Plan Strategies

There are 12 strategies that fall into three categories (see attached Executive Summary for details):

1. Community Based Care

- Increase access to community mental health and substance abuse treatment
- Improve the quality of care
- Increase access to housing

2. Programs Targeted to Help Youth

- Invest in prevention and early intervention
- Expand assessments for youth in the juvenile justice system
- Expand wraparound services for youth
- Expand service for youth in crisis
- Expand Family Treatment Court
- Expand Juvenile Drug Court

3. Jail and Hospital Diversion Programs

- Pre-booking diversion programs
- Expand access to diversion options and therapeutic courts and improve jail services provided to individuals with mental illness and chemical dependency
- Expand re-entry programs

Benefit to Bellevue Residents

Public Safety, Jail and Hospital Diversion Programs: Staff from Bellevue Police and Adult Probation reviewed the proposed programs to gauge the potential benefit to Bellevue residents. The highest value programs appear to be the crisis diversion centers, which would provide a service not currently available to officers who take into custody individuals with potentially threatening mental health issues. In other parts of the country, pre-booking diversion programs have shown success at decreasing criminal justice expenditures by lowering rates of arrest and avoiding jail and trial costs. To complement the diversion centers, a training program would be available to Police officers across the county teaching specialized crisis intervention training to recognize behavior related to psychiatric disorders. This training also was noted as a high value program for Bellevue Police.

Adult Probation staff commented on the potential of expanding specialty court services to include Bellevue residents such as mental health courts, juvenile drug and family treatment court programs. These programs have shown to reduce recidivism and probation violation within the criminal justice system and increase successful treatment outcomes among participants. The King County District Court currently provides specialty court services in the south and west divisions, however, these programs are not available at any of the eastside courts. While the MIDD plan calls for expansion of these courts, it is not yet known where expansion will take place. City of Bellevue and Redmond staff have expressed an interest in having the implementation plan include expansion of the specialty court services to the eastside.

Increase Access and Improve Community Based Care: Increased access to basic mental health and chemical dependency services has long been an identified need in the Bellevue Human Services Needs Update. The *2007-2008 Human Services Needs Update* notes that "community providers are feeling a strain on their capacities to provide mental health services to low-income people. They report a decrease in available funding and an increased number of clients with more intense problems, many without insurance coverage. Medicaid reimbursement rates are low, so even for clients with such funding, there is still a gap in paying for the full cost of services. Approximately 75% of the clients seen by Asian Counseling and

Referral Service are on Medicaid. Sound Mental Health (formerly Seattle Mental Health) clients are also about 75% Medicaid funded."

While these programs are supported through the Bellevue Human Services Fund, the increasing scope of need is beyond the Fund's ability to ensure access for all Bellevue residents in need. Additionally, two mental health counseling agencies, Catholic Community Services and Community Psychiatric Clinic closed their offices in Bellevue in 2007 due to lack of adequate funding for their programs. This leaves few local options for low-income Bellevue residents seeking treatment.

Prevention and Intervention for Youth and their Families: Several of the proposed programs target mental health and chemical dependency services for youth. This funding would increase the ability of agencies such as Youth Eastside Services, Sound Mental Health and Friends of Youth to provide intervention, treatment and prevention programs benefiting Bellevue youth. Funding is also proposed for school districts across the county to increase their ability to facilitate mental health and substance abuse services.

Oversight Committee

Given the timeframe and the June 1 and August 1, 2008 deadlines for the development of the implementation and evaluation plans, respectively, an Interim Oversight Group was formed to carry out this task. Emily Leslie, Human Services Manager, is currently serving as Bellevue's representative. The Interim Oversight Group will ensure that the development of the implementation and evaluation plans moves forward in a timely way during the appointment and confirmation of the ongoing Oversight Committee.

The County Council's Operating Budget Committee is currently reviewing the proposed Oversight Plan, including the composition of the Oversight Committee, and action by the full Council could occur as early as April 28, 2008. The proposed Oversight Committee includes a spot for a representative from the City of Bellevue. It is anticipated that there will be some amendments based on input from stakeholder groups, including the Eastside Human Services Forum, about the limited representation from the geographic sub-regions of the County and the imbalance of King County representatives to cities and mental illness/chemical dependency service providers

The work of the Oversight Committee will occur in two phases:

Phase I: Initial Tasks of Oversight Committee

- Review and provide input on development of Implementation and Evaluation Plans and make recommendations to Executive and County Council
- Review and provide input on funding strategies
- Serve as forum to discuss and promote coordination and collaboration between agencies and organizations involved in implementing the MIDD sales tax funded programs

Phase II: Ongoing Role of Oversight Committee

- Review and make recommendations on progress of MIDD funded programs in meeting goals
- Review and comment on emerging priorities for use of MIDD funds
- Continue to serve as forum
- Education public, policymakers and stakeholders on MIDD funded programs
- Coordinate and share information with other related efforts and ongoing groups

- Annually review and assess Oversight Committee's roles, composition, tasks and operating procedures.

The proposed Oversight Plan also specifies that one representative from each of the following entities have membership on the Oversight Committee:

- 1) King County Executive
- 2) King County Superior Court
- 3) King County District Court
- 4) King County Prosecuting Attorney's Office
- 5) King County Sheriff's Office
- 6) Public Health – Seattle and King County
- 7) King County Department of Judicial Administration
- 8) King County Department of Adult and Juvenile Administration
- 9) King County Department of Community and Human Services
- 10) King County Mental Health Advisory Board
- 11) King County Alcoholism and Substance Abuse Administrative Board
- 12) Community agency providing both mental health and chemical dependency services
- 13) Community agency providing culturally specific mental health services
- 14) Community agency providing culturally specific chemical dependency services
- 15) One representative from domestic violence and sexual assault providers
- 16) Youth serving agency providing mental health and chemical dependency services
- 17) Harborview Medical Center
- 18) Committee to End Homelessness in King County
- 19) King County Systems Integration Initiative¹
- 20) Community Health Council, representing community health centers
- 21) King County representative from Washington State Hospital Association
- 22) Suburban Cities Association
- 23) City of Seattle
- 24) City of Bellevue
- 25) A representative of labor

ALTERNATIVES: N/A

RECOMMENDATIONS: N/A

ATTACHMENTS:

- A) Executive Summary, Mental Illness and Drug Dependency Action Plan: Phase III
- B) Budget Summary Table

AVAILABLE IN COUNCIL OFFICE: Mental Illness and Drug Dependency Action Plan Full Report

¹ A consortium of state and local youth-serving agencies working to improve services for youth involved in the juvenile justice, child welfare and other service systems

Mental Illness and Drug Dependency Action Plan: Phase III

EXECUTIVE SUMMARY

Background

This action plan is the third and final report required under Metropolitan King County Council Motion 12320, which called for the development of a three-phase action plan to

“... prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services.”

The goal of this third phase, according to the motion, is to “address what is needed to bring the continuum of services and the criminal justice improvements identified in the first two phases to full scale to meet the needs of the identified target population in a cost-effective fashion.” As directed by the council, the Phase III report includes:

1. A prevalence study of the mentally ill and chemically dependent populations involved in the local criminal justice, psychiatric, chemical dependency, and homeless systems
2. A description of the service improvements needed to meet the needs of these populations
3. An estimate of the costs of providing these service improvements, and an estimate of benefits which might be realized in providing these services
4. A proposal for financing the full set of improvements, including consideration of the sales tax option provided by state law.

The need for the development of this action plan was clearly spelled out in the council’s motion. There are insufficient resources to adequately serve people with mental illness and chemical dependency, and when these individuals do not receive the services they need, they end up in jails, juvenile detention facilities, hospitals, and other emergency services that cost taxpayers and communities as much or more than providing appropriate services would have cost.

Numerous national and local studies have shown that chemical dependency treatment reduces crime and health care costs; that the most frequent users of hospital emergency rooms are individuals who have mental illness and chemical dependency; that providing supportive housing to chronically homeless individuals saves public costs; and that early identification and treatment of mental disorders can help prevent more serious problems.

Prevalence Study Findings

Staff from the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) of the Department of Community and Human Services analyzed information from numerous national, state and local sources, in order to approximate estimates of prevalence. Full results of the study can be found in Attachment A.

Key findings of the study:

1. Almost half of all homeless individuals in shelters were identified as having a mental illness or chemical dependency.
2. Although adults released from King County jails with a serious mental illness represented only one-in-twenty of the individuals released, they comprised two-thirds of the jails' highest utilizers.
3. Two-thirds of the seriously mentally ill individuals in King County jails were detained for misdemeanors and non-violent felonies.
4. Half of the youth in the King County Juvenile Detention Center have symptoms of a mental disorder.
5. People of color are seriously overrepresented among the populations of people who are homeless and involved in the juvenile and adult justice systems.
6. A study completed by the city of Auburn of their jail population estimated that 83 percent had chemical abuse/dependency problems. Given that the population characteristics of those served in other city jails through King County is much like that of Auburn, it is estimated that of the approximately 400 inmates served on any given day, 332 would have substance abuse problems.

Service Improvement Recommendations

The recommendations for service improvements presented in this action plan were developed by the Community Crisis Alternatives Work Group, convened by MHCADSD and consisting of key stakeholders from community treatment systems and government, as well as community boards, consumers, and advocates. To determine service priorities, the work group adopted the following principles:

1. Follow intent of enabling legislation and Council Motion 12320
2. Serve all geographic areas of King County
3. Serve all age groups of those most in need
4. Address racial disproportionality
5. Focus on prevention and early intervention
6. Preserve public safety
7. Use best practices and promising practices
8. Maximize cost offsets
9. Continually evaluate programs and change or discontinue what doesn't work
10. Broaden and strengthen the community safety net.

Recognizing the importance of prevention, early assessment and intervention, and comprehensive and integrated community-based services, the work group developed an action plan that devotes considerable resources to service recommendations that build and support a

community system that could serve to divert many individuals from the criminal justice and emergency medical systems, while also providing the infrastructure needed to help people who have entered these systems rejoin the community in a safe and effective manner.

Recommendations are grouped into twelve core strategies that fall into three categories – community based care, programs targeted for youth, and jail and hospital diversion.

1. Community Based Care

Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment

Increase access to mental health and substance abuse treatment for people who are not covered by Medicaid; support outreach, engagement, and case management at homeless shelters, with a focus on those in shelters following discharge from crisis diversion, hospital, or jail; support increased outreach, engagement, and support services to homebound and older adults; provide increased short-term crisis services; provide follow-up short-term treatment services for those who enter hospital emergency departments with substance abuse problems; provide support to increase the number of certified chemical dependency professionals in King County; support families to find the services they need.

Strategy #2: Improve the Quality of Care

Provide funding increases to mental health providers to help decrease caseload size and help to improve services to clients and promote recovery; expand the availability and capacity for employment services provided by mental health and chemical dependency treatment providers.

Strategy #3: Increase Access to Housing

Use funds to support case management and other services within supportive housing projects; join with housing funders to serve people who have mental health and chemical dependency treatment needs who are homeless, exiting jails and hospitals, or who have been seen at a crisis diversion facility.

2. Programs Targeted to Help Youth

Strategy #4: Invest in Prevention and Early Intervention

Support expanded investments in prevention and early intervention programs in schools, including youth suicide prevention programs.

Strategy #5: Expand Assessments for Youth in the Juvenile Justice System

Improve access to assessments to help youth move through the justice system and be linked to appropriate services more efficiently and quickly.

Strategy #6: Expand Wraparound Services for Youth

Expand team-based approach helping youth with serious emotional disturbances and improving coordination of services between child-serving systems.

Strategy #7: Expand Services for Youth in Crisis

Expand capacity to help youth in crisis by creating crisis reception centers; and expand crisis outreach and stabilization services.

Strategy #8: Expand Family Treatment Court

Increase service capacity for Family Treatment Court.

Strategy #9: Expand Juvenile Drug Court

Increase capacity for youth to receive treatment under monitoring of the Court.

3. Jail and Hospital Diversion Programs

Strategy #10: Pre-Booking Diversion Programs

Support diversion programs to reroute people before they are booked into jail through crisis intervention training to police and other first responders; the creation of a Crisis Diversion Facility to which first responders and others could refer individuals in crisis; expansion of mobile crisis outreach teams and crisis respite beds; increased re-entry services at hospital emergency rooms.

Strategy #11: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services Provided to Individuals with Mental Illness and Chemical Dependency

Expand capacity of mental health courts; provide training on mental illness and substance abuse for jail staff; increase jail liaisons in the King County Jail.

Strategy #12: Expand Re-entry Programs

Expand re-entry and respite services for people exiting the criminal justice system; expand services for medically fragile people with mental illness and chemical dependency leaving the hospital; and improve urinalysis services for people court-ordered to the Community Center for Alternative Programs.

Costs and Cost Benefit Analysis

The high costs of not providing services to individuals with mental illness and chemical dependency is well documented. The report notes a number of studies that have shown cost offsets in reduced use of hospitals, jails, courts, and emergency services when various services are provided to individuals who are mentally ill, chemically dependent, and homeless. Due to the variability in types of services, target populations, and programs studied, it is not possible to predict specific cost savings from the implementation of the service recommendations in this action plan. The plan includes funding for a thorough evaluation, including cost offsets. Budget information is provided in Attachment B, Budget Summary Table.

Proposals for Financing

In evaluating federal, state and local fund sources, MHCADSD, in collaboration with the Executive's Office and the Budget Office, has determined that there are no current sources of revenue available to fund the recommended services identified in the action plan as necessary to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems for persons with disabling mental illness and chemical dependency. The sales tax option authorized by the State Legislature in 2005 provides a way for counties to generate funds for services that are not supported by current state funding. Counties may not use these funds to supplant other funding sources. As of this date, five counties – Spokane, Jefferson, Skagit, Clallam and Clark – have implemented a sales tax increase.

Budget Summary Table

<u>Strategy</u>	<u>Recommendations for New or Expanded Services</u>	<u>Cost</u>
1a.	Increased access to mental health and chemical dependency outpatient services for people not on Medicaid	\$11,125,000
1b.	Outreach and engagement to individuals leaving hospitals, jails, or crisis facilities	\$ 550,000
1c.	Emergency room substance abuse early intervention program	\$ 800,000
1d.	Mental health crisis next day appointments	\$ 250,000
1e.	Chemical dependency professional education and training	\$ 615,000
1f.	Peer support and parent partners family assistance	\$ 450,000
1g.	Prevention and early intervention mental health and substance abuse services for older adults	\$ 500,000
1h.	Expand the availability of crisis intervention and linkage to on-going services for older adults	\$ 350,000
2a.	Caseload reduction for mental health	\$ 4,000,000
2b.	Employment services for individuals with mental illness and chemical dependency	\$ 1,500,000
3a.	Supportive services for housing projects	\$ 2,000,000
4a.	Comprehensive chemical dependency outpatient services to parents in recovery	\$ 500,000
4b.	Prevention services to children of substance abusers	\$ 400,000
4c.	School district based mental health and substance abuse services	\$ 1,235,000
4d.	School based suicide prevention	\$ 200,000
5a.	Increase capacity for social and psychological assessments for juvenile justice youth	\$ 360,000
6a.	Wraparound family, professional and natural support services for emotionally disturbed youth	\$ 4,695,000
7a.	Reception centers for youth in crisis	\$ 500,000
7b.	Expanded crisis outreach and stabilization for children and youth	\$ 1,000,000
8a.	Expand family treatment court services and support to parents	\$ 700,000
9a.	Expand juvenile drug court treatment	\$ 510,000
10a.	Crisis intervention training program for King County Sheriff, police, jail staff and other first responders	\$ 1,700,000
10b.	Adult crisis diversion center, respite beds and mobile behavioral health crisis team	\$ 6,060,000
11a.	Increase capacity for jail liaison program	\$ 80,000
11b.	Increase services available for new or existing mental health court programs	\$ 1,300,000
12a.	Increase jail re-entry program capacity	\$ 320,000
12b.	Hospital re-entry respite beds	\$ 565,000
12c.	Increase capacity for Harborview's Psychiatric Emergency Services to link individuals to community-based services upon discharge from the emergency room	\$ 200,000
12d.	Urinalysis supervision for Community Center for Alternative Programs clients	\$ 75,000
	Administration/Evaluation ¹	\$ 2,400,000
	Revenue Stabilization Reserve ²	\$ 2,000,000
	Data Systems ³	\$ 500,000
	Flex funds for sustaining grants, providing match, pilot programs	\$ 500,000
GRAND TOTAL		\$47,940,000

¹ Goal of 5%

² Sales tax revenues may be variable depending on the economy. \$2 million will be reserved each year until a \$10 million reserve fund is reached in order to create stable funding for committed services.

³ Programming and ongoing technical support for program monitoring and evaluation functions